

INSURANCE LICENSING SECTIONDepartment of Insurance (www.id.state.az.us)2910 N 44th St. Suite 210, Phoenix, Arizona 85018-7269**LETTER OF CERTIFICATION REQUEST (Form L-CRT)**

The Department of Insurance recommends that the public and the insurance industry use a printout from the Department's online lookup utility ("Find Insurer/Agent Information") available from the Department of Insurance web site (www.id.state.az.us) instead of relying upon a letter of certification. The online lookup provides the most up-to-date information available.

Enter the ARIZONA insurance license number:		AZ Insurance License Number:	
Enter the FULL name of the licensee (space provided for individual or business entity).			
If licensee is an individual:	Last Name:	First Name:	Middle Name:
OR			
If licensee is a business entity:	Full Name:		
Quantity of LETTER OF CERTIFICATION: _____			
Fee per LETTER OF CERTIFICATION: <u> \$3.00 </u>			
Total Due: _____			
<input type="checkbox"/> Please send the document(s) to me by mail. I have included a self-addressed stamped envelope.			
<input type="checkbox"/> I will pick up the document(s) in person. Please call me when the document(s) are ready.			
Contact Person's Name (PLEASE PRINT)		Area Code and Phone Number	
Enter information about yourself.			
Name of person making request	Full Name:		
Mailing address of person making request:	Street Address:	City:	State: ZIP code:
Area code and telephone number	Area Code:	Telephone Number:	Extension:

Form L-CRT (v. 01/2006)

Licensing Section Contact Information:

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